

STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s	s): Lisa K. Shapiro, Pl	n.D.; Paul A. Wors	sowicz; Heidi L. Kroll	l; Erik W. Taylor
II. Name of Lobbyist's	s partnership, firm or corpora	ition, if any:		
		CALLAHAN & GA		
400.00 0		ain Street, Concord		
603-228-1		603-226-3334	shapi	iro@gcglaw.com
(Tel e pho	one)	(Fax)		(Email)
	vers: (Choose one – file separansactions which are not attrib			file a separate report for
X All reportable tra	ansactions occurring in the mon		_	<u>-</u>
	NORTHEAST REHA			
	(Full Name of Client as it app	pears on the Lobbyi	st Registration Form)	
	ansactions by the lobbyist (inclupanticular client.	iding the lobbyist's	family), or the lobbying	ng firm listed below which are
IV. Date of Report:	April 24, 2019 🗵		July 31, 201	19 🗆
-	tivity from date of registration t	to 3/31/19	activity from 4/1/19	
Atoporto de la				
	October 30, 2019		January 29,	
а	activity from 7/1/19 to 9/30/19		activity from 10/1/19	9 to 12/31/19
	ofees received and no reportate omplete just this form and subm			
	al reports are attached: sived fees or made expenditures,	you must file Add e	endum A – Fees and F	Expenses
If you have paid Expense Reimbu	l an honorarium or reimbursed e ursement n, or your family has made polit			
11 you, you zam	I, Or your raining has made pen-	Icai contributions, 7	Ou must me recense	IIII C = 1 Olitical Conditionsons
Sworn Statement/Affir I have read RSA 15, RSA to the best of my knowle	A 15-B and RSA 664 and hereb	y swear or affirm th	hat the foregoing infon	mation is true and complete
AK81	<u>~`</u>		4-23-1	9
(Signature of Lobbyist	t)		(L	Date)
Lies V Chamina Dh D				
Lisa K. Shapiro, Ph.D. (Print Name of lobbyis				RECEIVED APR 2 4 2019
			1	APR 24 ZVI9
				NEW HAMPSHIRE

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STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

	S S		
	GALLAGHER, CALLAHAN & GARTREI (Name of partnership, firm or corporatio		
	(Name of partiership, firm of corporatio	ı)	
	ORTHEAST REHABILITATION HEALTH ETWORK	Date Apr	il 24, 2019
lobbying, including fees for	f all fees received from the client identified above the services such as public advocacy, government relating legislation, and related legal work. The gross fe	ons, or public	relations services,
a) Total of all fees received	in this reporting period	a) \$	20,200.00
	this calendar year, prior to this reporting period. otal prior monthly reports for this calendar year.)	b) \$	
c) Total of all fees received (Add lines a and b)	to date.	c) \$	20,200.00
d) Indicate the amount of an yet been paid.	ny such fees that are due, but have not	d) \$	
			.00
V. Expenses: Lobbyist(s)/Lobbying partneses. Separate reports are to lobbyist(s)/firm that are unrare to be reported in one or reporting period for salarie expenses where the expendithe cost was \$25.00 or less, purchase of a ceremonial obstatement of each individual covered by (a) (for example given to the subject of lobblegislative reception). Expenses	derships, firms, or corporations are required to repose be filed for expenditures made relative to each client as eparate report may be filed to any one client a separate report may be filed to any one client a separate report may be filed three categories of expenses: (a) the aggregate is, benefits, support staff, and office expenses; (but the was of \$25.00 or less (for example: meals purchase of a pen with a value of less than \$10 the object given to a person being lobbied with a value of expenditure made during this reporting period of greater than \$25 bying with a value greater than \$25, but not great enses for honorariums, expense reimbursement, or should not be reported on Addendum A.	ent and if experient and if experied for the lobertotal of all ender the aggregate chased during at its given to the second of \$25.00 or learned than \$25, purchase of a ger than \$50, reference to the second of th	es made from lobbyir nditures are made by the byist(s)/firm. Expense xpenses paid during the total of all individue a business lunch when the person being lobbiess); and (c) an itemize 5.00 for any purpose not ceremonial object to be estaurant expenses for
V. Expenses: Lobbyist(s)/Lobbying partn fees. Separate reports are to lobbyist(s)/firm that are unr are to be reported in one or reporting period for salarie expenses where the expendi the cost was \$25.00 or less, purchase of a ceremonial ob statement of each individual covered by (a) (for example given to the subject of lobb legislative reception). Expe on separate addendums and a) Total aggregate expenses support staff, and office exp	to be filed for expenditures made relative to each clies related to any one client a separate report may be filed fithree categories of expenses: (a) the aggregate is, benefits, support staff, and office expenses; (but it was of \$25.00 or less (for example: meals purpurchase of a pen with a value of less than \$10 that of the point given to a person being lobbied with a value of expenditure made during this reporting period of given purchase of a meal with value of greater than \$25 bying with a value greater than \$25, but not great enses for honorariums, expense reimbursement, or should not be reported on Addendum A.	ent and if experient and if experied for the lobertotal of all ender the aggregate chased during at its given to the second of \$25.00 or learned than \$25, purchase of a ger than \$50, reference to the second of th	es made from lobbyir nditures are made by the byist(s)/firm. Expense xpenses paid during the total of all individue a business lunch when the person being lobbiess); and (c) an itemize 5.00 for any purpose not ceremonial object to be estaurant expenses for
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Client: NORTHEAST REHABILITATION HEALTH NETWORK d) Total expenses for this reporting period. (Add lines a, b and c.) d) \$ 15,200.00 e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.) f) \$ 15,200.00 f) Total of all expenses year to date. VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged. Paid to: Amount State of NH Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. (Signature of lobbyist)

Lobbyist Fees & Expenses, Addendum A - Page 2

Lisa K. Shapiro, Ph.D. (Print Name of Lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist

Statement of Income and Expenses for:			
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.			
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Northeast Rehabilitation Health Network			
Date of Report (che	ck one):		
April 24, 2019 🔀	July 31, 2019 🗆	October 30, 2019 🗆	January 29, 2020 □
		Statement of Income and Exement (insert the number of	spenses described above, and the Addendum forms being
1 Addendum A(s).		
0 Addendum B(s).		
0 Addendum C(s).		
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.			
Jaul O	Worsowia,		4-18-19
(Signature of Lobby	yist)		(Date)
Paul A. Worsowicz			
(Print Name of lob	byist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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1 Addendum A(s	3).		
0 Addendum B(s	s).		
0 Addendum C(s	s).		
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.			
(Signature of Lobby	rist)		4 22 2019 (Date)
Heidi L. Kroll	h.da		
(Print Name of lob	oyisi)		

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April 24, 2019 🔀	July 31, 2019 🗆	October 30, 2019	January 29, 2020 □
The state of the s		ement of Income and Expe ent (insert the number of Ac	enses described above, and the ddendum forms being
1 Addendum A(s).			
0 Addendum B(s).			
0 Addendum C(s).			
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.			
(Signature of Lobbyist)			4/23//9 (Date)
Erik W. Taylor (Print Name of lobbyist)			